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Agency Name <b>MAYODAN POLICE DEPARTMENT</b>		<b>INCIDENT/INVESTIGATION REPORT</b>		OCA <b>2012-00287</b>					
ORI <b>NC 0790400</b>									
#1 Crime Incident(s) <b>Second Degree Sexual Exploitation Of A Minor</b>		<input type="checkbox"/> Alt <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>08   22   2012   14:00</b> Hrs.	Date / Time Reported Month Day Yr Time <b>08   22   2012   14:00</b> Hrs.					
#2 Crime Incident		<input type="checkbox"/> Alt <input type="checkbox"/> Com	Location of Incident <b>413 North 2nd Avenue, Mayodan NC 27027</b>		Offense Tract <b>Z1</b>				
#3 Crime Incident		<input type="checkbox"/> Alt <input type="checkbox"/> Com	Premise Type <b>HOME OF OFFENDER - SINGLE</b>		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family				
MO How Attacked or Committed <b>Sex Acts/BY DOWNLOADING CHILD PORN</b>		Forcible <input type="checkbox"/> Yes <input type="checkbox"/> No		Weapon / Tools <b>Not Applicable / None</b>					
VICTIM # of Victims Type <input type="checkbox"/> Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major		Drug/Alcohol Use: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown					
V1 Victim/Business Name (Last, First, Middle) <b>STATE OF NORTH CAROLINA</b>		Victim of Crime # <b>1,</b>		DOB / Age Race Sex Relationship To Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown					
Home Address <b>101 NORTH 3RD AVENUE , Mayodan, NC 27027</b>		Home Phone <b>336-548-6038</b>							
Employer Name/Address		Business Phone		Mobile Phone					
VYR	Make	Model	Style	Color	Lic/Lis Vin				
CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)									
Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input checked="" type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown									
Code Name (Last, First, Middle) <b>RP BRIDGE, ROBERT</b>		Victim of Crime #		DOB / Age Race Sex <b>W M</b>					
Home Address		Home Phone							
Employer Name/Address <b>Reidsville Police Department, 220 West Morehead Street, Reidsville, Nc 27320</b>		Business Phone <b>336-347-2349</b>		Mobile Phone					
Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown									
Code Name (Last, First, Middle)		Victim of Crime #		DOB / Age Race Sex					
Home Address		Home Phone							
Employer Name/Address		Business Phone		Mobile Phone					
Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OI" column if recovered for other jurisdiction)									
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	1	32	Z	\$0.00		1	COMPUTER HARDWARE/SOFTWARE		
Number of Vehicles Stolen <b>0</b>		Number Vehicles Recovered <b>0</b>							
ID	Officer <b>BRIM, C. T. (374)</b>		ID#		Officer Signature		Supervisor Signature <b>BARKER, R. D. (375)</b>		
Status	Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input checked="" type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined				